

**HOWARD COUNTY GOVERNMENT**  
**PLAN YEAR: JANUARY 1, 2020 - DECEMBER 31, 2020**

PLAN OPTION & ENROLLMENT TIER	2020 FULL MONTHLY PREMIUM	2020 FULL TIME EMPLOYEE Bi weekly contribution (24 pays)	2020 PART TIME EMPLOYEE Bi weekly contribution (24 pays)
<b>Aetna Open Choice PPO</b>			
Employee	\$748.60	\$56.50	\$187.50
Employee & Child(ren)	\$1,310.05	\$98.50	\$328.00
Employee & Spouse	\$1,721.79	\$129.50	\$430.50
Family	\$2,133.52	\$160.50	\$533.50
<b>Aetna Open Access Select</b>			
Employee	\$634.05	\$32.00	\$159.00
Employee & Child(ren)	\$1,185.69	\$59.50	\$296.50
Employee & Spouse	\$1,458.33	\$73.00	\$365.00
Family	\$1,876.82	\$94.00	\$469.50
<b>Kaiser HMO</b>			
Employee	\$599.94	\$30.00	\$150.00
Employee & Child(ren)	\$1,139.88	\$57.00	\$285.00
Employee & Spouse	\$1,379.86	\$69.00	\$345.00
Family	\$1,799.81	\$90.00	\$450.00
<b>Delta Dental PPO Plus</b>			
Employee	\$33.46	\$9.00	\$9.00
Employee & Child(ren)	\$58.47	\$15.00	\$15.00
Employee & Spouse	\$76.93	\$19.50	\$19.50
Family	\$94.68	\$24.00	\$24.00
<b>Dominion Dental ePPO</b>			
Employee	\$15.02	\$4.00	\$4.00
Employee & Child(ren)	\$28.12	\$7.50	\$7.50
Employee & Spouse	\$28.12	\$7.50	\$7.50
Family	\$36.29	\$9.50	\$9.50

Supplemental Life Insurance	
Age on January 1st	Monthly Rate per \$1000 of coverage
under 25	\$0.050
25 - 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.090
40 - 44	\$0.100
45 - 49	\$0.190
50 - 54	\$0.330
55 - 59	\$0.430
60 - 64	\$0.660
65 - 69	\$1.270
70 +	\$2.060

<b>Dependent Life Insurance</b>
\$20,000 benefit on spouse
\$10,000 benefit on child(ren)
Rate is \$1.00 per pay